

*State of Hawaii
Department of Health
Child and Adolescent Mental Health Division
3627 Kilauea Avenue
Honolulu, Hawaii, 96816*

***CHILD AND ADOLESCENT MENTAL HEALTH DIVISION QUALITY
ASSURANCE AND IMPROVEMENT PROGRAM WORK PLAN***

***FISCAL YEAR 2005
(OCTOBER 1, 2004-SEPTEMBER 30, 2005)***

Child and Adolescent Mental Health Division
QUALITY ASSURANCE AND IMPROVEMENT PROGRAM WORKPLAN
FISCAL YEAR 2005

I. PURPOSE

The purpose of the Quality Assurance and Improvement Program Workplan is to support the program goals and objectives and describe an organized schedule of quality improvement (QI) activities during fiscal year 2005.

II. SCOPE

The scope of the Work Plan includes Child and Adolescent Mental Health Division (CAMHD) activities related to emergency services care, intensive home-and community-based and residential services, hospital-based and administrative support services. The program addresses both QUEST and non-QUEST youth. This includes activities designated by the State of Hawaii and other stakeholders as appropriate.

III. POPULATION DEMOGRAPHICS

The demographic and epidemiological data are the basis for selection of the workplan activities and studies. As the population fluctuates and new information becomes available, the Work Plan will be updated to facilitate the behavioral health care needs of our clients. Additionally, the demographic and epidemiological data will be analyzed respective to the following variables: age, gender, ethnicity, diagnostic grouping, service (i.e., level of care). The following represents current knowledge as of June 30, 2004.

IV. SYSTEMATIC MONITORING

Each of the areas listed for systematic monitoring will not be addressed simultaneously. Areas of priority will be selected based upon the population served, the most recent monitoring findings and at the direction of the State and the stakeholders.

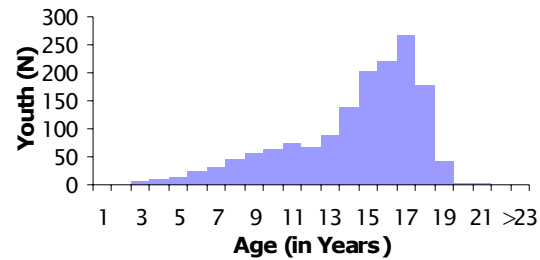
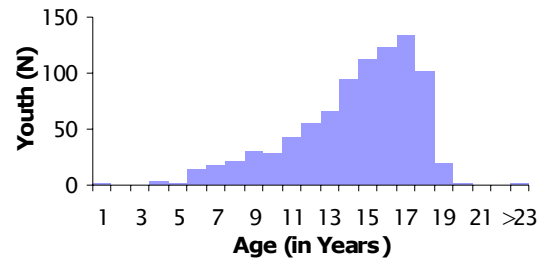
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Statewide Demographic Summary of Youth For the Period of July 1, 2003 to June 30, 2004 as of June 30, 2004

Registered Quest Involved Youth

Registered Non-Quest Involved Youth

	Mean	SD		Mean	SD
Age in Years	14.31	3.2	Age in Years	14.24	3.5



Gender	N	% of Available	Gender	N	% of Available
Females	287	33%	Females	521	33%
Males	585	67%	Males	1,038	67%

Statewide Demographic Summary of Youth
For the Period of July 1, 2003 to June 30, 2004
as of June 30, 2004

Ethnicity	N	% of Available	Ethnicity	N	% of Available
Black or African-American	24	3.3%	Black or African-American	16	1.8%
American Indian or Alaska Native	3	0.4%	American Indian or Alaska Native	1	0.1%
Asian	79	10.8%	Asian	143	16.1%
Chinese	1	0.1%	Chinese	11	1.2%
Filipino	54	7.4%	Filipino	67	7.5%
Japanese	17	2.3%	Japanese	51	5.7%
Korean	3	0.4%	Korean	5	0.6%
Other Asian	4	0.5%	Other Asian	9	1.0%
Hispanic or Latino	20	2.7%	Hispanic or Latino	15	1.7%
Puerto Rican	10	1.4%	Puerto Rican	5	0.6%
Hispanic, Other	10	1.4%	Hispanic, Other	10	1.1%
Native Hawaiian or Pacific Islander	227	31.1%	Native Hawaiian or Pacific Islander	238	26.8%
Native Hawaiian	186	25.4%	Native Hawaiian	187	21.1%
Micronesia or Chamorro	5	0.7%	Micronesia or Chamorro	4	0.5%
Samoan	23	3.1%	Samoan	35	3.9%
Other Pacific Islander	13	1.8%	Other Pacific Islander	12	1.4%
White	145	19.8%	White	220	24.8%
Portuguese	22	3.0%	Portuguese	21	2.4%
Other Caucasian	123	16.8%	Other Caucasian	199	22.4%
Multiethnic	233	31.9%	Multiethnic	255	28.7%
Not Available	141	15.4%	Not Available	671	43.0%

**Statewide Demographic Summary of Youth
For the Period of July 1, 2003 to June 30, 2004
as of June 30, 2004**

Registered Quest Involved Youth			Registered Non-Quest Involved Youth		
Primary Diagnosis of	N	%	Primary Diagnosis of	N	%
Adjustment	60	6.9%	Adjustment	100	6.4%
Anxiety	75	8.6%	Anxiety	103	6.6%
Attentional	197	22.6%	Attentional	382	24.5%
Deferred	0	0.0%	Deferred	2	0.1%
Disruptive Behavior	203	23.3%	Disruptive Behavior	307	19.7%
Mental Retardation	0	0.0%	Mental Retardation	0	0.0%
Miscellaneous	54	6.2%	Miscellaneous	60	3.8%
Mood	208	23.9%	Mood	312	20.0%
None Recorded	6	0.7%	None Recorded	17	1.1%
Pervasive Developmental	3	0.3%	Pervasive Developmental	20	1.3%
Psychotic Spectrum	28	3.2%	Psychotic Spectrum	31	2.0%
Substance-Related	15	1.7%	Substance-Related	16	1.0%
Not Available	23	2.6%	Not Available	209	13.4%

**Statewide Demographic Summary of Youth
For the Period of July 1, 2003 to June 30, 2004
as of June 30, 2004**

Any Diagnosis of	N	%	Any Diagnosis of	N	%
Adjustment	98	11.2%	Adjustment	157	10.1%
Anxiety	165	18.9%	Anxiety	205	13.1%
Attentional	362	41.5%	Attentional	574	36.8%
Deferred	100	11.5%	Deferred	115	7.4%
Disruptive Behavior	439	50.3%	Disruptive Behavior	569	36.5%
Mental Retardation	20	2.3%	Mental Retardation	18	1.2%
Miscellaneous	212	24.3%	Miscellaneous	284	18.2%
Mood	324	37.2%	Mood	476	30.5%
None Recorded	2	0.2%	None Recorded	10	0.6%
Pervasive Developmental	6	0.7%	Pervasive Developmental	22	1.4%
Psychotic Spectrum	20	2.3%	Psychotic Spectrum	19	1.2%
Substance Related	130	14.9%	Substance Related	219	14.0%
Multiple Diagnoses	653	74.9%	Multiple Diagnoses	916	58.8%
Avg. Number of Diagnoses	2.2		Avg. Number of Diagnoses	1.7	

**Statewide Demographic Summary of Youth
For the Period of July 1, 2003 to June 30, 2004
as of June 30, 2004**

Annual			Annual		
Any Services Authorized	N	%	Any Services Authorized	N	%
Out-of-State	2	0.5%	Out-of-State	7	0.4%
Hospital Residential	49	5.6%	Hospital Residential	30	1.9%
Community High Risk	7	0.8%	Community High Risk	6	0.4%
Community Residential	173	19.8%	Community Residential	146	9.4%
Therapeutic Group Home	103	11.8%	Therapeutic Group Home	73	4.7%
Therapeutic Family Home	137	15.7%	Therapeutic Family Home	63	4.0%
Respite Home	3	0.3%	Respite Home	5	0.3%
Intensive Day Stabilization	0	0.0%	Intensive Day Stabilization	0	0.0%
Multisystemic Therapy	119	13.6%	Multisystemic Therapy	162	10.4%
Intensive In-Home	374	42.9%	Intensive In-Home	364	23.3%
Flex	194	22.2%	Flex	153	9.8%
Respite	35	4.0%	Respite	15	1.0%
Less Intensive	111	12.7%	Less Intensive	155	9.9%

VI. GOALS AND STRATEGIES

Specific goals and tactics to achieve the goals and objectives for 2004-2005 include the following:

A. Provision of services by qualified practitioners

- a. Ensure all licensed and paraprofessional providers of CAMHD services are actively credentialed
- b. Ensure CAMHD recredentialing of providers

B. Utilization Program

- a. Ensure access and availability to services of eligible youth
- b. Minimize inappropriate use of overly restrictive levels of care
- c. Identify and correct underutilization
- d. Promote Coordination of Care
- e. Promote Provider Communication and Satisfaction with UM program

C. Quality of Care and Service Provision

- a. Monitor Sentinel Events to assure youth are safe
- b. Conduct Quality of Care Studies
- c. Track CAFAS scores for CAMHD youth
- d. Track school performance through CAFAS sub-scale for CAMHD youth
- e. Conduct monitoring of all contracted Provider Agencies for quality of service provision
- f. Engage in business practices that support CAMHD processes

D. Consumer Satisfaction

- a. Monitor consumer satisfaction through Grievance and Appeals
- b. Monitor consumer Satisfaction Survey Results

E. Delegation Oversight

- a. Conduct delegation oversight for credentialing

F. Compliance Program

- a. Minimize fraud and abuse

PERFORMANCE MEASURES
Conducted by CAMHD

A. Provision of Services by Qualified Practitioners

Topic	Rationale	Study Population	Type	Methodology	Measurable Objective	Contract Years	Accountability	Oct 2004	Nov 2004	Dec 2004	Jan 2005	Feb 2005	Mar 2005	Apr 2005	May 2005	Jun 2005	Jul 2005	Aug 2005	Sept 2005
Provider Credentialing	Network Adequacy	R	C/S	Monthly Indicator	100% prior to providing services	2004-2005	PM Credentialing Specialist		R			R			R			R	
Provider Recredentialing (based on committee approval)	Network Adequacy	R	C/S	Monthly Indicator	100% prior to expiration	2004-2005	PM Credentialing Specialist		R			R			R			R	

B. Utilization Program

Topic	Rationale	Study Population	Type	Methodology	Measurable Objective	Contract Years	Accountability	Oct 2004	Nov 2004	Dec 2004	Jan 2005	Feb 2005	Mar 2005	Apr 2005	May 2005	Jun 2005	Jul 2005	Aug 2005	Sept 2005
Service Gaps	Availability of Care	P	C	Monthly Indicator	98% of consumers receive service within 30 days of request	2004-2005	FGC/CSO Resource Management	R	X	X	R	X	X	R	X	X	R	X	X
Service Mismatches	Availability of Care	P	C	Monthly Indicator	95% of consumers receive specific services in CSP within 30 days	2004-2005	FGC/CSO Resource Management	R	X	X	R	X	X	R	X	X	R	X	X
Bed Availability	Availability of Care	P	C	Provider Census Database	≥3% bed vacancy rate system-wide	2004-2005	CSO	X	X	R	X	X	X	X	X	R	X	X	X
Registration Date to 1 st Receipt of Services	Access to Routine Care	P	C	Annual CAMHMIS	100% ≥ 30 days Benchmark ↑ Rate to 10% of Gap	2004-2005	PM/RES	X	X	X	X	X	X	X	X	R	X	X	X
Time from Mobile Outreach Referral to Mobile Outreach Arrival	Access to Urgent Care	P	C	Provider Records	90% on-site response within 45 minutes or usual transport time ↑ Rate to 10% of Gap	2004-2005	PM	X	X		R	X	X	X	X		R	X	X
Time from Mobile Outreach Referral to Mobile Outreach Arrival	Access to Emergent Care	P	C	Provider Records	90% on-site response within 45 minutes or usual transport time ↑ Rate to 10% of Gap	2004-2005	PM	X	X		R	X	X	X	X		R	X	X
Hotline Responsiveness	Access to Care	P	C	Provider Records	85% Hold Time ≤ 15 sec Baseline Measurement	2004-2005	PM	X	X	X	R	X	X	R	X	X	R	X	X
Hotline Responsiveness	Access to Care	P	C	Provider Records	85% Number of Rings ≤ 3 (or ≤ 10 sec) Baseline Measurement	2004-2005	PM	X	X	X	R	X	X	R	X	X	R	X	X
Appointments After Discharge (e.g., services within 30 days of CBR discharge)	↑ Risk Under-Utilization Follow-Up Services	P	C	CAMHMIS	80% of Youth Date of 1 st Accepted Record or date of OOS service within 30 days of CBR discharge date or last CBR Accepted Record	2004-2005	CSO/RES	X	X	R	X	X	X	X	X	R	X	X	X

Topic	Rationale	Study Population	Type	Methodology	Measurable Objective	Contract Years	Accountability	Oct 2004	Nov 2004	Dec 2004	Jan 2005	Feb 2005	Mar 2005	Apr 2005	May 2005	Jun 2005	Jul 2005	Aug 2005	Sept 2005
Utilization of Substance Abuse Services	↑ Risk Under-Utilization	P	C	CAMHMIS	60% of youth with Substance-Related Diagnosis with Substance Use endorsed as target on Provider Monthly Summary	2004-2005	CSO/RES	X	X	R	X	X	X	X	X	R	X	X	X
Intensive Home and Community Based Services Length of Services	Over-Utilization	P	C	CAMHMIS	≥ 60% of consumers receiving IHH Services have Length of Stay within IPSPG Standards	2004-2005	CSO: Resource Management	X	X	X				R					
Length of Stay	Over-Utilization	P	C	CSO Provider Database	≥ 50% of consumers in HBR, CBR and TGH LOC will have LOS within IPSPG Standards	2004-2005	CSO: Resource Management	R (FY '04)	X	X	X	X	X	X	X	X	X	X	X
% of Consumers Linked to Physical Health Services	↑ Risk Coordination of Care	P	C	Document Review	90% Benchmark ↑ Rate to 10% of Gap	2004-2005	FGC/ PM				X	X	X		R				
Care Coordination Quality	↑ Risk Coordination of Care	FS	C	Internal Review	≥ 85% of Reviewed Cases with Acceptable Care Coordination Rating Updated Semi-Annually	2004-2005	PM: Program Monitoring	X	X	X	R	X	X	R					
Coordinated Service Plan (CSP) Timeliness	Timely Planning Coordination of Care	P	C	Record Review	85% of Consumers with CSP Updated Semi-Annually ↑ Rate to 10% of Gap	2004-2005	PM	X	X	X	R	X	X	R					

Topic	Rationale	Study Population	Type	Methodology	Measurable Objective	Contract Years	Accountability	Oct 2004	Nov 2004	Dec 2004	Jan 2005	Feb 2005	Mar 2005	Apr 2005	May 2005	Jun 2005	Jul 2005	Aug 2005	Sept 2005
Provider Satisfaction with UM	Provider Satisfaction	R	S	Survey	80% of providers report satisfaction with UM	2004-2005	Administration: Provider Relations	R		X	X	X		R		X	X	X	
CBR/TGH/TFH Provider Practice Patterns	Network Adequacy/ Provider Practice	R	C	Provider Census Database	Complete an analysis of beds used and LOS for all CBR/ TGH and TFH providers	2004-2005	CSO: Resource Management	R (CBR)			R (TGH)				R (TFH)				
To Be Determined	Network Adequacy				To Be Determined	2004 – 2005	CSO: Resource Management												

C. Quality of Care and Service Provision

Topic	Rationale	Study Population	Type	Methodology	Measurable Objective	Contract Years	Accountability	Oct 2004	Nov 2004	Dec 2004	Jan 2005	Feb 2005	Mar 2005	Apr 2005	May 2005	Jun 2005	Jul 2005	Aug 2005	Sept 2005
Sentinel Events/1000	Safety	P	C	Quarterly Indicator	500/1000 ↓Rate to 10% of Gap	2004-2005	PM Sentinel Events	X	X	R	X	X	R	X	X	R	X	X	R
Quality of Care Study #1	Clinical Practices	P	C	Performance Improvement Project	↑ Congruence between CSPs and Treatment Plans Baseline Measurement	2004-2005	PM/RES									R			
Quality of Care Study #2	Access and Administrative Practices	P	S	Performance Improvement Project	TBD	2004-2005	PM/RES									R			
CAFAS 8-scale Total Score	↑ Risk Child Status	P	C	Annual CAMHMIS	≥ 0.5 Standard Deviation Unit Difference between New Admission and Average Scores ↓to 10% of Gap	2004-2005	FGC Brach Chiefs/RES/ PM	X	X	R	X	X	X	X	X	X	X	X	X
CAFAS School Role Performance Scale	↑ Risk Child Status	P	C	Annual CAMHMIS	≥ 0.5 Standard Deviation Unit Difference between New Admission and Average Scores ↓to 10% of Gap	2004-2005	FGC Branch Chiefs/RES/ PM	X	X	R	X	X	X	X	X	X	X	X	X
Provider Monitoring Reviews	Clinical and Administrative Practices	P	C/S	Annual Indicator	100% of Provider Agencies and FGCs Reviewed Annually	2004-2005	PM Program Monitoring Supervisor			R						R			
Business Practices	Staff Education	R	S	Quarterly Indicator	85% of new employees receiving orientation to health plan within 60 days Baseline Measurement	2004-2005	Personnel	X	X	X	X	R	X	X	R	X	X	R	X

D. Consumer Satisfaction

Topic	Rationale	Study Population	Type	Methodology	Measurable Objective	Contract Years	Accountability	Oct 2004	Nov 2004	Dec 2004	Jan 2005	Feb 2005	Mar 2005	Apr 2005	May 2005	Jun 2005	Jul 2005	Aug 2005	Sept 2005
Grievance/1000	Care and Service Satisfaction	P	C	Grievances	$\leq 10/1000$	2004-2005	PM Grievance Office	RQ4		RQ1			RQ2			RQ3			RQ4
Grievance Turnaround Time	Member Perception of Service	P	S	Grievances	80% ≤ 30 days	2004-2005	PM Grievance Office	RQ4		RQ1			RQ2			RQ3			RQ4
Dissatisfaction with Access to Care	Consumer Perception of Access to Care	P	S	Grievances	80% Satisfaction with Access to Care	2004-2005	PM Grievance Office	RQ4		RQ1			RQ2			RQ3			RQ4
Satisfaction with Access to Care	Consumer Perception of Access to Care	P	S	Consumer Survey: Getting Treatment Quickly Index	2.4 (of 3.0) 10% of Gap	2004-2005	RES				X	X	X			R			
Satisfaction with Access to Care	Consumer Perception of Access to Care	P	S	Consumer Survey: Access to Treatment and Information Index	2.4 (of 3.0) 10% of Gap	2004-2005	RES				X	X	X			R			
Consumer Perception of Active Participation in Decision-Making regarding treatment	Consumer Satisfaction	P	S	Consumer Survey: Clinician Communication Index	2.4 (of 3.0) 10% of Gap	2004-2005	RES				X	X	X			R			
Consumer Perception of Quality/ Appropriateness	Consumer Satisfaction	P	S	Consumer Survey Overall Service Rating (> 5 of 10)	80% 10% of Gap	2004-2005	RES				X	X	X			R			
Consumer Satisfaction with CAMHD	Consumer Satisfaction	P	S	Consumer Survey: Overall Company Rating (> 5 of 10)	80% 10% of Gap	2004-2005	RES				X	X	X			R			

E. Delegation Oversight

Topic	Rationale	Study Population	Type	Methodology	Measurable Objective	Contract Years	Accountability	Oct 2004	Nov 2004	Dec 2004	Jan 2005	Feb 2005	Mar 2005	Apr 2005	May 2005	Jun 2005	Jul 2005	Aug 2005	Sept 2005
Credentialing Delegation Oversight (based on committee approval)	Network Adequacy	R	DO	On-site	100% of sites reviewed annually	2004-2005	PM Credentialing PM Facility Certification Specialist Program Reviewers		R			R			R			R	

F. Compliance Program

Topic	Rationale	Study Population	Type	Methodology	Measurable Objective	Contract Years	Accountability	Oct 2004	Nov 2004	Dec 2004	Jan 2005	Feb 2005	Mar 2005	Apr 2005	May 2005	Jun 2005	Jul 2005	Aug 2005	Sept 2005
Compliance Program	↓Fraud and Abuse	R	S	Quarterly Indicator	90% of fraud and abuse issues are determined within 90 days Baseline Measurement	2004-2005	Compliance Committee Chair	R	X	X	R	X	X	R	X	X	R	X	X

ABBREVIATIONS:

ASO	= Department of Health Administrative Services Office
C	= Clinical Study
C/S	= Clinical/Service Study
CAMHMIS	= Child and Adolescent Mental Health Management Information System
CHR	= Community High-Risk Services
CSO	= Clinical Services Office
CSP	= Coordinated Service Plan
DO	= Delegation Oversight
FGC	= Family Guidance Centers
FS	= Focused Study on Select Members
HBR	= Hospital-Based Residential Services
IIH	= Intensive In-Home Services
IP	= Intervention Period
IPSPG	= Interagency Performance Standards and Practice Guidelines
LOC	= Level of Care
LOS	= Length of Stay
LRE	= Least Restrictive Environment
OOH	= Out-of-Home Services
OOS	= Out-of-System Services
P	= Population Measurement
PIP	= Performance Improvement Project
PM	= Performance Management Section
R	= Report
R (CBR)	= Report (Community-Based Residential)
R (TFH)	= Report (Therapeutic Foster Home)
R (TGH)	= Report (Therapeutic Group Home)
R1Q	= Report First Quarter
R2Q	= Report Second Quarter
R3Q	= Report Third Quarter
R4Q	= Report Fourth Quarter
RES	= Research Evaluation Specialist
S	= Service Study
TBD	= To Be Determined
UM	= Utilization Management
X	= Data Collection Period

VI. OVERSIGHT AND DIRECTION

- A. The Performance Improvement Steering Committee (PISC) is the body in which responsibility for the overall Workplan resides.
- B. The PISC monthly meeting is held and exercises oversight through a standing agenda item of the Work Plan.
- C. The Executive Management Team provides overall accountability and approval of the QAIP Work Plan

VII. REVIEW AND APPROVAL

The Executive Management Team exercises oversight by reviewing and approving the QAIP Work Plan.

Performance Improvement Steering Committee Review and Recommendation for Approval

Mary Brog
Chair

Date of Review

Sept. 22, 2004

Executive Management Team Review and Approval

Chit K. Lee
Chief

Date of Approval

Sept 27, 2004